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TOWARD A TENTATIVE MEASUREMENT OF THE CENTRAL THERAPEUTIC INGREDIENTS.

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DESCRIPTORS- MEASUREMENT INSTRUMENTS, *COUNSELOR ACCEPTANCE, COUNSELING GOALS, *RATING SCLAES, *EMPATHY, RAPPORT, *COUNSELOR CHARACTERISTICS, COUNSELOR PERFORMANCE, THERAPEUTIC ENVIRONMENT,

THESE RESEARCH SCALES PROVIDE CONCRETE SPECIFICATIONS, ALONG QUANTIFIED DIMENSIONS, OF THE THREE CENTRAL INGREDIENTS OF EFFECTIVE THERAPEUTIC ENCOUNTERS--(1) ACCURATE EMPATHY, (2) NONPOSSESSIVE WARMTH, AND (3) GENUINENESS. THE RELIABILITY OF THE SCALES WAS OBTAINED BY CORRELATING DIFFERENT RATER'S RATINGS ON THE SCALES FOR THE SAME SAMPLES OF THERAPEUTIC RELATIONSHIPS. THE RATINGS RANGE FROM MODERATE TO HIGH. THE ACCURATE EMPATHY SCALE INVOLVES NINE DEGREES, WITH THE LOWEST BEING INACCURATE RESPONSES TO OBVIOUS FEELINGS. THE HIGHEST DEGREE INVOLVES ACCURACY TOWARDS DEEP FEELINGS AND UNERRING ACCURACY AND UNHESITANCY TOWARDS DEEP FEELINGS, WITH REGARD TO BOTH CONTENT AND INTENSITY. THE DIMENSIONS OF THE NONPOSSESSIVE WARMTH SCALE RANGE FROM A HIGH LEVEL, WITH THE THERAPIST WARMLY ACCEPTING THE PATIENT'S EXPERIENCE AS PART OF HIS PERSON WITHOUT IMPOSING CONDITIONS, TO A LOW LEVEL WHERE THE THERAPIST EVALUATES A PATIENT ON HIS FEELINGS, EXPRESSES DISLIKE OR DISAPPROVAL, OR EXPRESSES WARMTH IN A SELECTIVE AND EVALUATIVE WAY. THE GENUINENESS SCALE ATTEMPTS TO DEFINE FIVE DEGREES OF THERAPIST GENUINENESS, BEGINNING AT A LOW LEVEL WHERE THE THERAPIST PRESENTS A FACADE OR DEFENDS AND DENIES FEELINGS. THE HIGHEST DEGREE INVOLVES A HIGH LEVEL OF SELF-CONGRUENCE, WITH THE THERAPIST FREELY AND DEEPLY HIMSELF. FOR EACH SCALE, THE STAGES ARE EXPLAINED WITH EXAMPLES OF CLIENT-THERAPIST DIALOGUE. (CG)

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TOWARD A TENTATIVE MEASUREMENT OF THE CENTRAL THERAPEUTIC INGREDIENTS

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TOWARD A TENTATIVE MEASUREMENT OF THE CENTRAL THERAPEUTIC INGREDIENTS

When accurate empathy, nonpossessive warmth and genuineness are thought of as dimensions of the psychotherapeutic process, then some attempt to specify degrees of these three factors is a necessary prior step to research and training. Building on the work of prior researchers, attempts were made in 1957 to specify rating scales measuring accurate empathy, nonpossessive warmth and genuineness. These global scales made heavy use of the raters, who were asked to draw upon their own abundant experience of being understood and misunderstood, warmly and coldly received, and met with an artificial and a genuine human being. At first the scales were quite closely tied to Rogers' statements and grew out of a seminar with him during the early part of 1957. Since that time the evidence has suggested that "empathy" is not so related to client improvement as "accurate empathy," which contains elements of the psychoanalytic view of moment-to-moment diagnostic accuracy. The evidence has also suggested that "unconditionality" of positive regard does not greatly contribute to outcome, and that what seems most related to outcome is the communication of a "nonpossessive" warmth in the sense specified by Alexander (1948).

Also, what seemed most related to client improvement was not simply a congruence between the therapist's organismic self and his behavior or self concept, but rather the absence of defensiveness or phoniness—his seeming genuineness. Thus the identifying labels for the three therapeutic interpersonal skills discussed in this chapter (and at greater length in later chapters) have changed. The three rating scales to be presented shortly have not changed since 1962. Most certainly they will be changed and greatly improved upon. It has been a constant temptation to modify the scales in the hope of improving them—a temptation resisted in order to allow more direct comparisons to be made between studies and training efforts based on them. Although the present measurement scales are highly inferential and crude in construction, they represent a beginning attempt to specify the operational meaning of the concepts.[4] The scales were

4. The Accurate Empathy Scale was developed in 1961 and the Unconditional Positive Regard and Genuineness Scales in 1962 by Charles B. Truax with the support of NIMH Grant No. M3496 and Grant No. RD906 from the Vocational Rehabilitation Administration. The author is deeply indebted to Carl R. Rogers, Shirley Epstein, Edward Williams, Eugene T. Gendlin, Ferdinand van der Veen, and to a number of colleagues and students who served as raters, for suggestions, criticism and advice.

designed primarily for use with live observations or tape recordings of counseling or therapy interviews. They have been used with only a slight loss in reliability on typescripts of psychotherapeutic interaction. The authors and others have applied the scales to samples of psychotherapeutic interaction varying from as short as two minutes to as long as sixteen minutes of continuous therapy transactions. The scales have been used in both individual and group psychotherapy or counseling, although they were originally designed for the study of individual counseling and psychotherapy.

The research scales which follow serve to provide more concrete specifications, along quantified dimensions, of the three seemingly common central ingredients of effective therapeutic encounters, on which this book focuses. They provide a crude but beginning operational definition of accurate empathy, nonpossessive warmth, and genuineness.

Before turning directly to the scales themselves some evidence of their value should be indicated. In general, the value of any instrument is assessed in terms of its reliability and its validity.

The reliability of the scales is easy to assess. The question is, simply, can you get repeated measures that are closely alike? A way of answering that question is to correlate different raters' ratings on the scales for the same samples of therapeutic transactions. Such correlations for twenty-eight studies involving a variety of therapist and patient populations is presented in Table 1. The answer in general, then, seems to be that most often a moderate to high degree of reliability is obtained with the scales whether measurement is of counseling or therapy, group or individual.

Establishing validity raises the question: Do the scales measure what they purport to measure? Does the Accurate Empathy Scale measure accurate empathy or something else? That kind of question is more difficult to answer in any clear fashion. The reader can assess the face validity of the scales themselves as he reads them. Beyond that, we know from the evidence cited in the next chapter (Chapter 3) that these scales are significantly related to a variety of client therapeutic outcomes. From this we might say that *whatever* they are measuring is what we believe the theory should say constitutes central therapeutic ingredients. Moreover, what the scales do indeed measure is what the fields of counseling and therapy should make central aspects of training and practice. In fact, the reader should become quite familiar with the scales themselves, for when theory or clinical description enlarges upon them, then we move to that degree toward supposition and belief and away from the hard evidence. It is for this precise reason that the scales themselves are used as an essential and integral part of training.

The three scales shown here define the meaning of the findings to be reported in Chapter 3, since the bulk of the research reviewed there was based upon use of them. They were the basis for the ratings, and thus the findings, in a growing number of research studies. Moreover, the Accurate Empathy Scale, the Nonpossessive Warmth (or Unconditional

Table 1
Reliabilities of Rating Scales for Accurate Empathy, Nonpossessive Warmth, and Genuineness from Specific Studies

Study		N Samples	N Patients	N Therapists	Group or Individual		Accurate Empathy	Nonpossessive Warmth	Genuineness
Truax (1961		384	8	7	Individual		.87		
Truax & Carkhuff (1963)		297	14	10	Individual		.89	.50[a]	.40[a]
Truax & Carkhuff (1963)		112	28	24	Individual		.69[a]	.55[a]	
Truax (1962)		448	14	10	Individual		.69[a]		
Bergin & Solomon (1963)		28	28	18	Individual		.79[a]		
Melloh (1964)		56	28	28	Individual		.62[a]		
Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash, & Stone (1966a)		182	40	4	Individual		.63	.59	.60
Truax, Carkhuff & Kodman (1965)		192	40	4	Group		.87	.91	.72
Truax & Wargo (1966c)		698	160	15	Group		.81	.76	.80
Truax & Wargo (1966b)		366	80	6	Group		.95	.90	.95
Truax, Wargo & Carkhuff (1966)		89	80	8	Group		.88	.77	.41
Wargo (1962)		297	14	10	Individual		.89	.50[a]	
Dickenson & Truax (1966)		72	48	1	Group		.83	.75	.25
Truax, Wargo & Silber (1966)		192	40	2	Group		.93	.81	.56
Truax & Carkhuff (1963)		64	8	8	Individual		.57[a]	.62[a]	.45[a]
Truax (1962e)		104	26	1	Individual		.69[a]	.55[a]	.40[a]
Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash, & Stone (1966b)	(Screening Interviews)	80	40	2	Individual	(Screening Interviews)	.75[a]	.57[a]	.55[a]
	(Therapy Interviews)	182		4		(Therapy Interviews)	.63	.59	.60
Truax (1966b)	(Edited)	50	5	5	Individual	(Edited)	.66[a]	.84[a]	
	(Non-Edited)	50				(Non-Edited)	.76[a]	.81[a]	
Truax (1966a)	(TPT)	283	63			(TPT)	.84	.86	.81
	(PTP)	305	65	8	Group	(PTP)	.89	.85	.73
	(Time)	384	80			(Time)	.92	.95	.95
Truax & Carkhuff (1965a)		45	3	1	Individual		.78	.70	.83
Carkhuff & Truax (1965)		151	70	28	Individual		.43[a]	.48[a]	.62[a]
Truax & Silber (1966)		144	48	16	Individual		.54	.52	.46
Truax, Silber & Carkhuff (1965)		342	80	5	Group		.50	.71	.48
Truax (1966)		161	30	4	Group		.59	.84	.85

a. Average Pearson correlations. All others are Ebel intraclass reliabilities for the pooled data used in analysis of findings.

Positive Regard) Scale, and the Therapist Genuineness (or Self-Congruence) Scale which follow were central to the present approach to training that is discussed in Section II.

A Tentative Scale For The Measurement Of Accurate Empathy

GENERAL DEFINITION

Accurate empathy involves more than just the ability of the therapist to sense the client or patient's "private world" as if it were his own. It also involves more than just his ability to know what the patient means. Accurate empathy involves both the therapist's *sensitivity to current feelings* and his *verbal facility to communicate this understanding* in a language attuned to the client's current feelings.

It is not necessary—indeed it would seem undesirable—for the therapist to *share* the client's feelings in any sense that would require him to feel the same emotions. It is instead an appreciation and a sensitive awareness of those feelings. At deeper levels of empathy, it also involves enough understanding of patterns of human feelings and experience to sense feelings that the client only partially reveals. With such experience and knowledge, the therapist can communicate what the client clearly knows as well as meanings in the client's experience of which he is scarcely aware.

At a *high* level of accurate empathy the message "I am *with* you" is unmistakably clear—the therapist's remarks fit perfectly with the client's mood and content. His responses not only indicate his sensitive understanding of the obvious feelings, but also serve to clarify and expand the client's awareness of his own felings or experiences. Such empathy is communicated by both the language used and all the voice qualities, which unerringly reflect the therapist's seriousness and depth of feeling. The therapist's intent concentration upon the client keeps him continuously aware of the client's shifting emotional content so that he can shift his own responses to correct for language or content errors when he temporarily loses touch and is not "with" the client.

At a *low* level of accurate empathy the therapist may go off on a tangent of his own or may misinterpret what the patient is feeling. At a very low level he may be so preoccupied and interested in his own intellectual interpretations that he is scarcely aware of the client's "being." The therapist at this low level of accurate empathy may even be uninterested in the client, or may be concentrating on the intellectual content of what the client says rather than what he "is" at the moment, and so may ignore or misunderstand the client's current feelings and experiences. At this low level of empathy the therapist is doing something other than "listening," "understanding," or "being sensitive"; he may be evaluating the client, giving advice, sermonizing, or simply reflecting upon his own feelings or experiences. Indeed, he may be accurately describing psychodynamics to

the patient—but in the wrong language for the client, or at the wrong time, when these dynamics are far removed from the client's current feelings, so that the interaction takes on the flavor of "teacher-pupil."

STAGE 1

Therapist seems completely unaware of even the most conspicuous of the client's feelings; his responses are not appropriate to the mood and content of the client's statements. There is no determinable quality of empathy, and hence no accuracy whatsoever. The therapist may be bored and disinterested or actively offering advice, but he is not communicating an awareness of the client's current feelings.

Example A:

C: Sir, are you ready? (Earnestly)
T: (Mumbled) What about?
C: I want one thing to know—us—is it or is it not normal for a woman to feel like that, like I felt—degraded—one thing right after the other from Sunday on—or is it a lesson? (Sadly, dramatically) Is it immature to feel like this? Is really maturity—what it says in the books, that one has to understand the other person—is a woman supposed to give constantly and—be actually humiliated?
T: (Casually) If she asks for it.
C: (Registering surprise) If she asks for it. Did I ask for it? (Testily)
T: Well, I don't know. I doubt—I don't think you did. (Mechanically)

Example B:

C: I wonder if it's my educational background or if it's me.
T: Mhm.
C: You know what I mean.
T: Yeah.
C: (Pause) I guess if I could just solve that I'd know just about where to hit, huh?
T: Mhm, mhm. Now that you know, a way, if you knew for sure, that your, your lack, if that's what it is—I can't be sure of that yet.
(C: No)
T: (Continuing) . . . is really so, that it, it might even feel as though it's something that you just couldn't receive, that it, if, that would be it?
C: Well—I—I didn't, uh, I don't quite follow you—clearly.
T: Well (pause), I guess, I was, I was thinking that—that you perhaps thought that, that if you could be sure that, the, uh, that there were tools that, that you didn't have, that, perhaps that could mean that these—uh—tools that you had lacked—way back there in, um, high school
(C: *Yah*)
T: (Continuing) . . . and perhaps just couldn't perceive now and, ah . . .
C: Eh, yes, or I might put it this way, um (pause). If I knew that it was, um, let's just take it this way. If I knew that it was my educational background, there would be a possibility of going back.
T: Oh, so, I missed that now, I mean now, and, uh . . .
C: . . . and really getting myself equipped.

T: I see, I was—uh—I thought you were saying in some ways that, um, um, you thought that, if, if that was so, you were just kind of doomed.
C: No, I mean . . .
C: I see.
C: Uh, *not doomed*. Well let's take it this way, um, as I said, if, uh, it's my educational background, then I could go *back* and, catch myself up.
T: I see.
C: And come up.
T: Um.

STAGE 2

Therapist shows an almost negligible degree of accuracy in his responses, and that only toward the client's most obvious feelings. Any emotions which are not clearly defined he tends to ignore altogether. He may be correctly sensitive to obvious feelings and yet misunderstand much of what the client is really trying to say. By his response he may block off or may misdirect the patient. Stage 2 is distinguishable from Stage 3 in that the therapist ignores feelings rather than displaying an inability to understand them.

Example A:

C: You've got to explain so she can understand . . .
T: Mhm, mhm (in bored tone)
C: Without—uh—giving her the impression that she can get away with it, too. (Excitedly)
T: Well, you've got a job satisfying all the things that—seem important, for instance being consistent, and yet keeping her—somewhat disciplined and telling her it's good for her. (Conversationally)
C: There's where the practical application of what we have just mentioned comes into being. (Laughs)
T: Mhm, mhm. (Sounding bored)
C: And when it's a theoretical plan—
T: Mhm.
C: It's beautiful! (Shrilly)
T: Mhm—mhm.
C: But . . .
T: (Interrupting) Something else about it that I feel *really* dubious about (banteringly)—what you can really do on the practical level (inquiringly)—I sometimes say that's what—we're most encouraged about, too. (Mumbling)
C: (Chiming in loudly) Yes—uh—there are many—uh problems in our lives in the practical application of—trying to be consistent. (Informatively)

STAGE 3

Therapist often responds accurately to client's more exposed feelings. He also displays concern for the deeper, more hidden feelings, which he seems to sense must be present, though he does not understand their nature or sense their meaning to the patient.

Example A:

C: I'm here, an' uh—I guess that maybe I'll go through with it, and—(nervous laugh)—I'll have to—there's no use—

T: (Interrupting) You mean you're here—you mean you're right here—I wasn't sure when you said that . . .

C: Well . . .

T: . . . Whether you meant you were—I guess you mean you were in—this is your situation. (Stumbling)

C: (Interjecting) I'm in—I'm in—I'm in the stage of suffering—well, yes, I'm here too because of that. An'—uh—(sighs audibly)—but, I can see where—uh . . . (T: murmurs "Mhm" after every other word or so.)

T:(Filling in) You feel it's—you feel it's a pretty tough situation to be in? (Inquiringly)

C: Sometimes I do, sometimes I don't. (Casually)

Example B:

C: Now that you're . . . know the difference between girls; I think they were about 9 to 8 years old and, uh, they were just like dolls, you know, and (laughs) uh, I used to spend a lot of time with 'em. I used to go over there and would spend more time with these kinds than what would with . . .

T: Mhm, hm.

C: But nobody ever told me why I was dragged in here. And I own my own place, I have my, my . . . and my farm, I think I still own them. Because that, there was a little mortgage on it. And, uh, (pause) my ex-wife but I don't see how in the world they could change that.

T: Mhm, hm.

C: But they sold my livestock and, uh, I, I worked with horses, and they sold them all, and ah . . .

T: I think probably, should I cross this microphone? (Noises)

C: And then I had a bunch of sheep.

T: Mhm, hm.

C: And they sold that stuff off, and the social worker, Mrs. L., says to me, she says that, uh, she says I was ill when I was brought in here.

T: Mhm, hm.

C: And that, which I know that I was not ill. Now, I'll tell you what she might've meant in what way I was ill. Now I'll tell 'ya, I batched it out there on the farm and I maybe just didn't get such too good food at the time. Now, whether she wanted to call that ill, or whether she wanted to call it mentally ill, that she didn't say.

T: Mhm, hm.

C: But she says I was ill, well, they could put that I was sick that I didn't have the right kind of food because I gained quite a bit of weight after I was brought in here.

T: Mhm, hm.

C: Yeah, but she didn't say which way she meant or how she meant that.

T: Uh, huh.

C: And she wouldn't give me any explanation and then I got mad at her . . .

T: Mhm, hm.

C: . . . and of course I told her off. Then I asked her if she, they kept

from me for a long time that my stock was sold and I thought quietly, anyhow, I says, I won't give my work . . .

STAGE 4

Therapist usually responds accurately to the client's more obvious feelings and occasionally recognizes some that are less apparent. In the process of this tentative probing, however, he may misinterpret some present feelings and anticipate some which are not current. Sensitivity and awareness do exist in the therapist, but he is not entirely "with" the patient in the *current* situation or experience. The desire and effort to understand are both present, but his accuracy is low. This stage is distinguishable from Stage 3 in that the therapist does occasionally recognize less apparent feelings. He also may seem to have a theory about the patient and may even know how or why the patient feels a particular way, but he is definitely not "with" the patient. In short, the therapist may be diagnostically accurate, but not emphatically accurate in his sensitivity to the patient's current feelings.

Example A:

C: If—if—they kicked me out, I—I don't know what I'd do—because . . .
T: Mhm.
C: I—I—I *am* really dependent on it. (Stammering)
T: Even though you hate this part—you—say, "MY GOD, I—I don't think I could—possibly exist without it either."
(C: Mhm)
T: And that's even the—that's the worst part of it. (Gently)
C: (Following lengthy pause) Seems that—(catches breath)—sometimes I—uh—the only thing I want out of the hospital—s' tuh have everyone agree with me . . .
T: Mhm, hm.
C: . . . that's—I—I—I guess that if (catches breath)—everybody agreed with me—that everybody'd be in the same shape I was. (Seriously, but ending with nervous laughter)
T: Mhm, well, this is sort of like—uh—feeling about the friend who—didn't want to do what I wanted to do; that—even here—if you agreed with me—this is what I want because if you don't agree with me, it means you don't like me or something. (Reflectively)
C: Mmmmm (thoughtfully)—it means that I'm wrong! (Emphatically, quick breathless laugh)

Example B:

C: You know, I'll bet you tell that to all the girls. And when we would have oh, go out for department, frequently had parties and picnics and that sort of thing, and I knew his wife and, and, children and, uh there, there was no affair. It was, and, as a matter of fact, I, that was at the time that I had an affair with A. I didn't need a man because I had one. Now I, I don't think when I was living in that city and working for the welfare department that even though I *hadn't* been having an affair with A, I don't think that I would

at that time have had an affair with B. I really don't. (T. says "Mhm" after every sentence.)

T: One of the impressions I have (name) is that you, ah, your guilt feelings are *way* out of proportion—to what uh, they should be. In some ways you've got some really, ah, ah, Victorian attitudes that you apply to yourself . . .

C: (Interrupting therapist) Well, I had an *affair* with a man and had an illegitimate baby and then go right ahead and have an affair with another married . . .

T: (Interrupting client) I'm not talking about that here. That's, that's serious. I mean, maybe you were indiscreet. Maybe uh, you were uh, you took chances that you shouldn't have taken, uh, what I'm saying is, uh, you have sexual feelings, you're going to have sexual feelings. It's a part of you because you're a person and, an . . .

C: (Interrupting) But I didn't used to have them, doctor!

T: (Going right on) You want to, and you're going to want to find expression for them. And ah, and most people in your circumstance would find expression for them. And wouldn't have to feel so terribly guilty about it, as you do—they wouldn't have to go around hating themselves afterwards like you do. You've got built into yourself a good whip somewhere, (name), you whip yourself (pause). I'm saying that compared to what most people in your circumstance, uh, what their feelings are like . . .

STAGE 5

Therapist accurately responds to all of the client's more readily discernible feelings. He also shows awareness of many less evident feelings and experiences, but he tends to be somewhat inaccurate in his understanding of these. However, when he does not understand completely, this lack of complete understanding is communicated without an anticipatory or jarring note. His misunderstandings are not disruptive by their tentative nature. Sometimes in Stage 5 the therapist simply communicates his awareness of the problem of understanding another person's inner world. This stage is the midpoint of the continuum of accurate empathy.

Example A:

C: I gave her her opportunity . . .

T: Mhm.

C: . . . and she kicked it over. (Heatedly)

T: Mhm—first time you ever gave her that chance, and—she didn't take it? (Inquiring gently)

C: No! She came back and stayed less than two weeks—a little more than a week—and went right straight back to it. (Shrilly) So that within itself is indicative that she didn't want it. (Excitedly) (T answers "Mhm" after each sentence.)

T: Mhm, mhm—it feels like it's sort of thrown—right up in your face. (Gently)

C: Yah—and now I would really be—crawling . . .

T: Mhm.

C: . . . if I didn't demand some kind of assurances—that, that things was over with. (Firmly)

T: Mhm, mhm, it would be—pretty stupid to—put yourself in that—same position where it could be sort of—done to you all over again. (Warmly)

C: Well, it could be—yes! I would be *very* stupid! (Shrilly)

T: Mhm.

C: . . . because if it's not him—it might be someone else. (Emphatically)

Example B:

C: Uh, it's really a store window there, uh, in M—(city).

T: Uh, huh. But this had been your idea, and you'd suggested it and then, lo and behold it comes out as . . .

C: Well, uh, you see, I have to investigate the contract I signed with the company, you know, these companies have to have a contract whereby they have rights to all patients and, and, copyrights us, for uh, for so—so long a time after you leave the company, you know . . .

T: Yeah.

C: . . . and uh, in other words, uh (both talk at once here).

T: So you might have been all right in doing this but you're not really sure about that. You'd have to investigate that.

C: I'd have to investigate that and some other ideas I'd given them.

T: Uh, huh. And I know too, that, that this is another sign of how, another indication of how many things there were—that you need to track down. The drug was just one, this is just another, the movie camera, and

C: Mhm.

T: . . . and there are probably a number of others too.

C: Well, all those other ideas (T talks simultaneously with client here, adding "Mhm" frequently.) Even before they . . . when the, when the rocket uh, was fired by a balloon the first time; I remember, uh, that, right after, uh, this time, that I had gotten into that trouble, I started a little office over in P—and, and, uh, I submitted to the department of uh, well, the National Inventors Council, *that* one particular idea. Well then, I just wrote in, an, asking uh, for a little recognition on it. And of course, it was one of those ideas, like most of mine that any, anybody will think of and not many people will do anything about, you know and uh . . .

T: Not that hard an idea to think of but you were at least the one who did something about it and who tested it or something, but then didn't get recognition for it.

C: Well, they uh, they wrote me back and said they had nothing like that in their files.

T: Mhm.

C: Well, also, uh, well, I had figured out a few, uh, affairs that, that, uh, amounted to sort of a gyroscope, uh, affair that I had submitted too, and, uh, they also didn't know anything about that. So, uh, I—I was pretty sick at that time, I, uh . . .

STAGE 6

Therapist recognizes most of the client's present feelings, including those which are not readily apparent. Although he understands their content, he sometimes tends to misjudge the intensity of these veiled feelings, so that his responses are not always accurately suited to the exact mood of the client. The therapist does deal directly with feelings the patient is currently experiencing although he may misjudge the intensity of those

less apparent. Although sensing the feelings, he often is unable to communicate meaning to them. In contrast to Stage 7, the therapist's statements contain an almost static quality in the sense that he handles those feelings that the patient offers but does not bring new elements to life. He is "with" the client but doesn't encourage exploration. His manner of communicating his understanding is such that he makes of it a finished thing.

Example A:

T: You're sort of—comparing—things you do do, things you have done—with what it would take to be a priest—is that sort of—the feeling? (Very gently)

C: (Following long pause) I don't know. (Meekly, then a lengthy pause)

T: Suppose we mean right now feeling real guilty? (Softly)

C: (Sighs audibly) Real small. (Very softly—protracted silence)—I can't see how I could feel any different—other than—feeling small or bad . . .

T: Mhm.

C: . . . guilty (Softly)

T: Things you've done just—so totally wrong to you—totally bad—you can't help sort of—hating yourself for it? (Assuming client's tone)—is that the sort of quality? (Very gently, almost inaudibly)

C: (Following pause)—And yet right now I feel as though I want to laugh—be gay.

T: Mhm.

C: I don't feel anything else. (Monotonously)

T: (Speaking with client) Right at this—at this moment?

C: Mhm.

T: So—it's too much to really—feel—very miserable and show it? (Inquiringly)

C: Yeah, yeah (urgently). I—I—don't want to show it anyway. (Haltingly)

Example B:

C: . . . gained a lot of weight, I'm way overweight, just the last couple of years, the more I, put on a lot of weight—I, well I *did* weigh around 160-165, now I weigh a little over 200, about 208 pounds or so. I really am overweight.

T: Mhm. You feel like . . .

C: Yeah.

T: . . . you've got 40 pounds too much and you don't feel too good.

C: That's right. I washed medicine glasses for a little over three months this last summer so I, I feel like it right now, but some job, like *that*, that was —wasn't too hard, I could do it.

T: Mhm.

C: I done that four times a day and it'd take me about—oh, half an hour, three-quarters of an hour each time I done it, to wash, see, to wash the medicine glasses first. All the different ones that take medicine. They give out medicine four times a day. I done that from, oh, the middle of May until the last part of August—the last day of August.

T: So you're saying, well, you're well enough to, to do some work.

C: Yeah, I went off—they wanted me to go on lawn detail last year but

I didn't, I hardly feel that—I went out and shoveled snow last winter, just a day or two. If the work isn't too hard, I think I could do it all right. Now that really, that was really a nice good job for me, that washing glasses—I should've kept with that but uh, but, oh, I made the beds sometimes, about twelve, or something like that—sometimes I mop the floor.

T: Mhm. Then you do feel well enough to, to do that sort of work

C: Yeah.

T: . . . around here in your saying . . . You don't feel well enough or you don't really want to . . .

C: Well, I don't really know, I wouldn't really be well enough to. I have to take medicine all the time and everything, to keep my nerves calmed, and uh . . .

STAGE 7

Therapist responds accurately to most of the client's present feelings and shows awareness of the precise intensity of most of the underlying emotions. However, his responses move only slightly beyond the client's own awareness, so that feelings may be present which neither the client nor therapist recognizes. The therapist initiates moves toward more emotionally laden material, and may communicate simply that he and the patient are moving towards more emotionally significant material. Stage 7 is distinguishable from Stage 6 in that often the therapist's response is a kind of precise pointing of the finger toward emotionally significant material.

Example A:

C: Th—the last—several years—it's been the other way around—I mean he'll say, "Well let's—go do this or that," and—and I—sometimes I actually wanted to, but I'd never go because—I feel like I'm getting my little bit of revenge or something. (Voice fades at end)

T: By God, he owed it to you, and—if he didn't come through, you'll just punish him now . . .

C: Yah.

T: . . . now it's too late or—something. (Very softly)

C: (Laughingly) *Yah*—that's-uh—that's just the way I—uh—*now it's too late*—It's your turn to take your medicine now. (Assuming therapist's tone)

T:Mhm—I'm gonna treat you like—you've treated me. (Pause)—Uh . . .

C: Mhm . . . it's pretty—that's a—pretty childish way to think, but—I know uh—if I went home tomorrow, I'd do it tomorrow—if I had the chance. (Defiantly) If . . .

T: (Interrupting and overtalking client) One part of you could say, "Well, this is stupid and childish 'cause I—I *want* to be with him,"—and yet—another part says, "No, you gotta make him pay for it—you want *him* dangling there now." (Gently)

Example B:

T: (After long silence) Are you interested in knowing any more about that or any more about your dreams or about anything else that has seemed important to you here in the hospital?

C: Oh no, the last few months I haven't felt like having any recreation at all. I don't know why—it just doesn't appeal to me. And last night I almost had to force myself to go on a talent show.

T: Mm, Mhm. Just feel as though something like this, you just feel, oh, gosh, I'm not interested.

C: Mhm. I used to go to all the dances when I first came here, but now I don't care to now.

T: You sort of feel that even with things that at first you were quite interested in, now they seem less and less interesting.

C: Mhm.

T: I guess you're saying you don't quite know why that is but, uh, it seems that way.

C: Mhm.

STAGE 8

Therapist accurately interprets all the client's present, acknowledged feelings. He also uncovers the most deeply shrouded of the client's feelings, voicing meanings in the client's experience of which the client is scarcely aware. Since the therapist must necessarily utilize a method of trial and error in the new uncharted areas, there are minor flaws in the accuracy of his understanding, but these inaccuracies are held tentatively. With sensitivity and accuracy he moves into feelings and experiences that the client has only hinted at. The therapist offers specific explanations or additions to the patient's understanding so that underlying emotions are both pointed out and specifically talked about. The content that comes to life may be new but it is not alien.

Although the therapist in Stage 8 makes mistakes, these mistakes are not jarring, because they are covered by the tentative character of the response. Also, this therapist is sensitive to his mistakes and quickly changes his response in midstream, indicating that he has recognized what is being talked about and what the patient is seeking in his own explorations. The therapist reflects a togetherness with the patient in tentative trial and error exploration. His voice tone reflects the seriousness and depth of his empathic grasp.

Example A:

C: I'm getting *real* worried—be-because—I don't know just what I'm gonna have to face. (Insistently; raising voice to overtalk therapist who attempts to interject comment)—I mean I can't even find—find what I'm gonna have to—uh—fight. (Last word barely audible)

T: It must be something—pretty—Godawful terrible—and yet you don't even know what it is. (Gently)

C: No—uh—I mean—someone could tell me that—I don't have enough confidence—uh—mmm-and I know I've—uh—I've always been afraid of—uh—*physical violence*—and-uh . . .

T: (Interjects) That you've always been afraid of—*being hurt*—and I sort of sense, too, it's—being hurt by people—uh—that—physical violence like a—uh—*train* crashing in isn't frightening with you. (Gently)

C: No-uh . . . (Reflectively)
T: That a fight with people is upsetting? (Softly)
C: *Yah!* (Forcefully and registering surprise) I—I think I'm—uh—afraid—uh, uh—I'm afraid of ever losing—uh, I think—not so much because of—uh the physical pain—but—the idea that—I lost and uh, everybody knows it. (Haltingly)
T: The idea that someone beat you . . .
C: Mhm.
T: . . . that you were weak or something. (Very gently)

Example B:

T: The way she wanted me and I was always terribly afraid that she wouldn't put up with me, or would put me out, out (C: Yeah) I guess I can get something else there, too, now I was always afraid that she didn't really care.
C: I still think that though. (T: Mhm) 'Cause I don't know for sure.
T: Mhm. And don't really know for sure whether she cares or not.
C: (Pause) She's got so many other, uh, littler kids to think about.
T: Mhm.
C: That's why . . .
T: Maybe she likes them better or . . .
C: No, it's not that, I think she likes us all. (Pause) I think seein' that I'm the black sheep but, uh, the only one that served time and, that—'n got in the most trouble. Seein' that I hurt her so much, that's why I think she's starting ta—she just don't care for me anymore. (T interjects "Mhm" after most completed thoughts.)
T: You believe, maybe "because I have hurt her so much, maybe she's fed up with me, maybe she's gotten to the point where she just doesn't care." (Long pause)

STAGE 9

The therapist in this stage unerringly responds to the client's full range of feelings in their exact intensity. Without hesitation, he recognizes each emotional nuance and communicates an understanding of every deepest feeling. He is completely attuned to the client's shifting emotional content; he senses each of the client's feelings and reflects them in his words and *voice*. With sensitive accuracy, he expands the client's hints into a full-scale (though tentative) elaboration of feeling or experience. He shows precision both in understanding and in communication of this understanding, and expresses and experiences them without hesitancy.

Example A:

C: . . . uh—I've always been—so afraid—uh—show just how I—how I felt—(T: Mhm)—and I—and I—I think . . .
T: (Interrupting) Showing feelings is—weak or—something. (Gently, fading to near inaudibility)
C: Yeah—that's how it seems to me. (Lengthy pause) I know I—I've been in the TV room—and I—all of a sudden—had the feeling that—I was going to start crying. (Almost tearfully)

T: Mhm.
C: . . . and—uh—I knew then I'd have to leave and go somewhere . . .
T: Mhm.
C: . . . where nobody was, so in case I did start crying that nobody'd see me. (Bashfully)
T: Mhm—it'd just be—terrible to stand if you—if you ever did show this much feeling. (Sorrowfully) (Long pause)
C: The thing is—that—I'm—I'm afraid of—well, I'd be so embarrassed afterwards. (Ashamedly)
T: Mhm—this would be—just—terrible—uh—a man wouldn't cry, a grown-up wouldn't cry. (Almost tearfully)
C: Yeah.
T: . . . or at least . . . (Leaves thought suspended)
C: (Filling in for T) At least without an apparent reason.
T: Mhm.
C: (Long pause) An'—uh—'an—I—I don't have—an apparent reason. (Emphatically)
T: . . . it wouldn't only be weak, but—be crazy or something. (Very gently)
C: (Chiming in) Yeah! (Very positively)

Example B:

T: . . . I s'pose, one of the things you were saying there was, I may seem pretty hard on the outside to other people but I do have feelings.
C: Yeah, I've got feelings. But most of 'em I don't let 'em off.
T: Mhm. Kinda hide them.
C: (Faintly) Yeah. (Long pause) I guess the only reason that I try to hide 'em, is, seein' that I'm small, I guess I got to be a tough guy or somethin'.
T: Mhm.
C: That's the way I, think I people might think about me.
T: Mm. Little afraid to show my feelings. They might think I was weak, 'n take advantage of me or something. They might hurt me if they—knew I could be hurt.
C: I think they'd try, anyway.
T: If they really knew I had feelings, they, they really might try and hurt me.
(Long pause)
C: I guess I don't want 'em to know that I got 'em.
T: Mhm.
C: 'Cause then they couldn't if they wanted to.
T: So I'd be safe if I, if I seem like a, as though I was real hard on the outside. If they thought I was real hard, I'd be safe.

The following brief revision of the Accurate Empathy Scale by Bergin and Solomon was found useful by them in dealing with tapes taken from trainees in clinical psychology. As the reader will notice, their revision involved the addition of a new stage at the lower end of the scale, which allows for greater differentiation when rating tapes from relatively unempathic therapists.

This revised version was used in a study of "Personality and Performance Correlates of Emphatic Understanding in Psychotherapy" by Allen E. Bergin and Sandra Solomon at Columbia University.

The materials reproduced below are merely guidelines derived from the original scales which were used by the raters in evaluating recorded therapist responses.

Truax Scale Points	*Bergin-Solomon Points*	
1	1	Inaccurate responses to obvious feelings.
2	2	Slight accuracy toward obvious feelings. Ignores the deeper feelings.
—	3	Slight accuracy toward obvious feelings. Concern with deeper feelings but inaccurate with regard to them.
3	4	Often accurate toward obvious feelings. Concern with deeper feelings and occasionally accurate with regard to them.
4	5	Often accurate toward obvious feelings. Concern with deeper feelings and fairly often accurate with regard to them although spotted by inaccurate probing.
5	6	Always accurate toward obvious feelings. Frequently accurate toward deeper feelings although occasionally misinterpreting them.
6	7	Always accurate toward obvious feelings. Frequently accurate toward the content but not the intensity of deeper feelings.
7	8	Always accurate toward obvious feelings. Frequently accurate toward deeper feelings with regard to both content and intensity, but occasionally misses the mark of depth of intensity. May go too far in direction of depth.
8	9	Always accurate toward obvious feelings. Almost always accurate toward deeper feelings with respect to both content and intensity. May occasionally hesitate or err but correct quickly and accurately.
9	10	Always accurate toward obvious feelings and unerringly accurate and unhesitant toward deep feelings with regard to both content and intensity.

A Tentative Scale for the Measurement of Nonpossessive Warmth

GENERAL DEFINITION

The dimension of *nonpossessive warmth* or unconditional positive regard, ranges from a high level where the therapist warmly accepts the patient's experience as part of that person, without imposing conditions; to a low level where the therapist evaluates a patient or his feelings, expresses dislike or disapproval, or expresses warmth in a selective and evaluative way.

Thus, a warm positive feeling toward the client may still rate quite low in this scale if it is given conditionally. Nonpossessive warmth for the client means accepting him as a person with human potentialities. It involves a nonpossessive caring for him as a separate person and, thus, a willingness to share equally his joys and aspirations or his depressions and failures. It involves valuing the patient as a person, separate from any evaluation of his behavior or thoughts. Thus, a therapist can evaluate the patient's behavior or his thoughts but still rate high on warmth if it is quite clear that his valuing of the individual as a person is uncontaminated and unconditional. At its highest level this unconditional warmth involves a nonpossessive caring for the patient as a separate person who is allowed

Table A
A Schematic Presentation of
A Scale for the Measurement of Accurate Empathy[a]

LEVEL OF CLIENT FEELINGS PERCEIVED AND REFLECTED BY THE THERAPIST	*DEGREES OF THERAPIST ACCURACY IN THE PERCEPTION OF CLIENT FEELINGS AT THE STAGES OF THE ACCURATE EMPATHY SCALE*								
	Stage 1	*Stage 2*	*Stage 3*	*Stage 4*	*Stage 5*	*Stage 6*	*Stage 7*	*Stage 8*	*Stage 9*
Present obvious feelings	ignores	understands poorly	often accurate	usually accurate	accurate	accurate	accurate	accurate	unhesitating flawless accuracy
Veiled feelings		ignores	senses but understands poorly	accuracy very low but trying	sensitive but somewhat inaccurate tentative interpretation	accurate toward content but not intensity	accurate	accurate	
Preconscious feelings						ignores	a precise "pointing toward"	sensitive trial-and-error exploration	

a. This schematic presentation of levels of accurate empathy, developed by Richard A. Melloh, University of Florida, has been found useful for both research raters and therapist trainees. It provides a brief summary of the table scale, and is intended to facilitate the training of raters in the use of the scale.

to have his own feelings and experiences; a prizing of the patient for himself regardless of his behavior.

It is not necessary—indeed, it would seem undesirable—for the therapist to be nonselective in reinforcing, or to sanction or approve thoughts and behaviors that are disapproved by society. Nonpossessive warmth is present when the therapist appreciates such feelings or behaviors and their meaning to the client, but shows a nonpossessive caring for the person and not for his behavior. The therapist's response to the patient's thoughts or behaviors is a search for their meaning or value within the patient rather than disapproval or approval.

STAGE 1

The therapist is actively offering advice or giving clear negative regard. He may be telling the patient what would be "best for him," or in other ways actively approving or disapproving of his behavior. The therapist's actions make himself the locus of evaluation; he sees himself as *responsible for* the patient.

Example A:

C: . . . and I don't, I don't know what sort of a job will be offered me, but—eh . . .
T: It might not be the best in the world.
C: I'm sure it won't.
T: And, uh . . .
C: . . . but . . .
T: But if you can make up your mind to stomach some of the unpleasantness of things
C: Um hm.
T: . . . you have to go through—you'll get *through* it.
C: Yeah, I know I will.
T: And, ah, you'll get out of here.
C: I certainly, uh, I just, I just *know* that I have to do it, so I'm going to do it but—it's awfully easy for me, Doctor, to—(sighs) well, more than pull in my shell, I-I just hibernate. I just, uh, well, just don't do a darn—thing.
T: It's your own fault. (Severely)
C: Sure it is. I know it is. (Pause) But it seems like whenever I—here—here's the thing. Whenever I get to the stage where I'm making active plans for myself, then they say I'm high. An . . .
T: In other words they criticize you that . . .
C: Yeah.
T: So tender little lady is gonna really crawl into her shell.
C: Well, I-I'll say "okay."
T: If they're gonna throw, if they're gonna shoot arrows at me, I'll just crawl behind my shield and *I* won't come *out* of it. (Forcefully)
C: That's right. (Sadly)
T: And that's worse. (Quickly)
C: (pause) But why don't they let me *be* a little bit high? Why—right now I'm taking . . .
T: (Interrupting) Because some people . . .

C: (Talking with him) . . . 600 milligrams of malorin, whatever that is, malorin

T: . . . because a lot of people here don't know you very well at all. And because people in general, at times, you have to allow that they could be stupid. You too. I mean you're stupid sometimes, so why can't other people . . .

C: So *much* of the time.

T: Why can't other people? I mean, you're an intelligent person and are stupid. Why, why can't you allow that other intelligent people can also be stupid? When it comes to you they don't *know* very much.

C: Mmm. (Muttering)

Example B:

T: . . . another part here too, that is, if they haven't got a lot of schooling, there may be a good argument, that, that they—are better judges, you know.

C: Yeah . . .

T: Now, I'm not saying that, that's necessarily true, I'm—just saying that's *reality*.

C: Yeah.

T: And you're in a *position* that you can't argue with them. Why is it that these people burn you up so much?

C: They *get by with* too many things . . .

T: Why should that bother you?

C: 'Cause I never got by with anything.

T: They're papa figures, aren't they?

C: (Noise) Yeah—(pause) I told the aides last night, I said, "You're making me—I *want to forget* the past and—you're making me think of my father again."—They don't *understand*.

T: (Breaking in) But you're bringing it into the present, I don't want to keep dragging up the past; the present seems to me—uh, the same thing you've been going through all your life . . .

C: Mhm.

T: . . . this fighting against this father.

C: (Pause with sigh) So what will it take to straighten it out?

T: You're the only guy that can straighten it out.

C: But, how?

T: You've got to understand—

C: (Breaking in) I mean between me and the aides?

T: How could your dad straighten that out?

C: Tell 'm!

T: *Nah!* (Scornfully)

C: He *would* do it.

T: It is up to you to change.

C: If them aides would listen to me, if the doctors knew what was going on. I was fighting my dad, I wasn't fighting the aides, because . . .

T: Yeah, but everybody realizes you're fighting like this, they are not going to know it's your dad that you're fighting for. They are going to look at it and say, "My God, this kid is sick. Look at this, we—we tell him something and he gets *real* angry, or the doctor won't allow fighting, who . . ."

C: (Breaking in) . . . they are not going to do that on the outside. They do it in here.

T: Now look at this Doctor G——, Now look . . .

C: At —— Hospital. I didn't get upset until I ran into G——.

T: I'm sure this is going to come up again. Now look at Dr. M——,

whew, you-uh, *tell* her that she's *not competent*, and you *rebel* against her, she's not thinking to herself, "Well, this kid, he's had problems with his dad, and he's carrying them over now," she's just gonna sit back and say, "My God, that's sick behavior!" And, uh, she's gonna prescribe the medicine . . .

C: Did you tell Doctor P—— this?

T: No, I didn't tell Doctor P—— this!

C: No, but today, well, I'll bring it up.

T: Without even bringing it up, it's still up to you to handle this. People can't make allowances for your times, I mean, we can *understand it*, but it's up to you to understand it and *change your behavior*, so . . .

C: Why do they bring it up?

T: Why does who bring it up?

C: *The aides!*

T: What have they done, now?

C: They act too much like my daddy does.

T: Well, there's going to be a lot of people act like your dad—does—throughout life . . .

C: (Interjecting) How do you think I can learn to live with that?

T: You've gotta learn how to, to respond to it, to handle it in a way it doesn't lead you to be *more* unhappy. Now you were very unhappy when they acted like your *dad*—but my guess is that you're a lot more unhappy *now*—because you responded the way you did.

C: I am.

T: So, uh—you've got to learn to live with it; you've got to learn some other way of handling—people like this . . .

C: (Yawns agreement)

STAGE 2

The therapist responds mechanically to the client, indicating little positive regard and hence little nonpossessive warmth. He may ignore the patient or his feelings or display a lack of concern or interest. The therapist ignores client at times when a nonpossessively warm response would be expected; he shows a complete passivity that communicates almost unconditional lack of regard.

Example A:

C: (Speaking throughout in a woebegone voice) You don't have to sit down and, and, and write like that but I thought he'd answer my letter. I thought, I didn't think he'd answer the letter, I thought he'd *come up*.

T: Um, hm.

C: . . . and, and visit me; it's only 50, he hasn't been to visit me yet. It's only been about, uh, it's only about 50, 60 miles from here.

T: Um, hm.

C: And I kind of expected him last Sunday but he didn't . . .

T: You were just sort of looking for him but he . . .

C: (Interrupting insistently) Well, I wasn't, I wasn't, I was looking for him, I wasn't looking for him. I had a kind of a half-the-way feeling that he wouldn't be up here. I know him pretty well and he's—walks around, you know, and thinks and thinks and thinks and—maybe it'll take him two or three weeks 'an all of a sudden he—he'll walk in the house (laughs)—"Let's go see—so and so." (Nervous laughter) He's a—he's a lot like I am—we're all

the same, I guess. He probably—read the letter and—probably never said very much, walked out, forgot about it (laughing nervously) then all of a sudden it dawned on 'im (nervous laughter) and, ah, that's, ah, that's about, about the size of it, as far as that goes. And, uh, uh, so as I say, I—I wouldn't be, I wasn't—too overly disappointed when he, when he didn't, ah, ah, ah, ah, *answer* it or come to see me. He probably will yet. (Laughs) I'm an optimist, I always have been, he'll probably come and visit me some day. Maybe he'll come and let me go down there 'n live. Maybe he won't, won't make much difference (laughs) one way or another.

T: Hmmm. You can sort of . . .

C: Yeah.

T: . . . take things as they come. (Brightly)

Example B:

C: (At point of near hysteria throughout) (Sighs) Sometimes I get pressure in my head, and that's when I—*just*—lost control of myself—I can't . . .

T: You don't hardly know what you're doing at those times, is that it?

C: *No,* I don't!

T: It isn't your fault, is that the way it feels, what you're doing (pause)—when you're like that?

C: (With exasperation) *Yes,* that's the way it is, it—it's been that way ever since I was a kid, I don't know why—I wanted to be normal like other kids, and I *tried* hard but—(silence)—I went down to my sister's and it was a regular nut house there, I couldn't work. I had good jobs working at the hotel—as a hostess—and I might just as well have been here, it was such a nut house. And my brother made us—(Silence) But, I've been *threatened* with this place, ever since I was a kid. They come to take me once but my dad wouldn't let 'em. (Silence) I mean it was such an upsetting home all of the time, and my brother said he'd go to the judge, and when I was 29, they'd take me. *I lived in fear all the time!* (Pause) I *went to church,* and I *tried to read the Bible,* and to—*pray* and—I took care of children. And a—and my dad would always say mean things to my mother and I tried to help and do what I could but . . . (Silence) (Sighs)

STAGE 3

The therapist indicates a positive caring for the patient or client, but it is a *semipossessive* caring in the sense that he communicates to the client that his behavior matters to him. That is, the therapist communicates such things as "It is not all right if you act immorally," "I want you to get along at work," or "It's important to me that you get along with the ward staff." The therapist sees himself as *responsible for* the client.

Example A:

C: I still, you sorta hate to give up something that you know that you've—made something out of, and, and, uh, in fact, it amounts to, uh, at least, uh, what you would, uh, earn working for somebody else, so . . .

T: (Enthusiastically) O.K. What, well, eh, why don't—why don't we do it this way? That, uh, I'll kind of give you some homework to do. (Laughs) And when you're going home these weekends, um, really talk to your wife,

and, ah, think yourself about *pretty specific possibilities* for you, considering the location and considering what time of year it is and, what you can do and things like this, and, eh, then we can talk it out *here* and really do some some working on this in earnest, and not just talk plans . . . (C answers "Yeah" after every phrase or so.)

C: (Interrupting) Well, I actually, I'd almost feel gettin' out right away but I, somethin' sort of holds me back, yet the season isn't—there (T: Uh, huh) and I don't know if it's good for me or not (T: Uh, huh) but I, ah . . .

T: O.K., but at least this next couple of months we can use in—*trying* at least to set something up or, or . . .

C: Cuz I feel that I, I don't know, I—feel I just want to do things again. (T: Um, hm) Uh, 'cuz the longer you stay away from work, I was just reading about that psychologist James here the other day, an' it seems like if once you get into things and work, you feel better. (T: Sure) . . . and you don't, uh, it seems like, uh, the further you stay away from things, eh, you, well, ah, you sort'a think about it, put it that way.

T: Um, hm. O.K. So, ah—in our thinking about it, though, that next few weeks, let's get closer to the doing of them. O.K.? (Warmly)

C: Well, yes, that's—what . . .

T: Sound okay to you,

C: Yes, It sounds okay to me.

T: Good enough. (Amiably)

Example B:

C: It's gettin' so I can't even—can't even sleep at night anymore—roll and toss all, toss all night long . . .

T: Pretty upset?

C: Oh, well, just lay there and think of everything—and some of the guys that come in after I did. There, there's some of them guys what of gone home, 'n' I'm still in here.

T: It's sort of up to you when you, as to when you go.

C: You can't do anything?

T: Well, I said, I sort of feel you have been—ah—you've been holding down that job—you still work in the kitchen, don't ya?

C: Yeah. (Mumbles)

T: Okay, but you—you been holding that job. and you have your card, well, okay. You fouled up somewhere, but you'll have your card again. And, well, you, in a sense showed the staff that you can handle these things, without getting into difficulties, *you* are on your way *home*.

C: That doggone kitchen detail, detail—seven cents a day—just ta scribble a bunch of junk. (Mumbled)

T: Well, you're sure as hell not gonna get rich on it.—What about this trouble, talking about money—what about this trouble you were raising the last time? About borrowing some money from this gal, have you come to any decision on that?

C: Well (pause) I'd rather not say, I ain't gonna say nothin' as long as that tape recorder's on.

T: Want me to turn it off for a while?—It's a part of the project. That's why I sort of feel it's your responsibility to--to record these things.

STAGE 4

The therapist clearly communicates a very deep interest and concern for the welfare of the patient, showing a nonevaluative and unconditional warmth in almost all areas of his functioning. Although there remains some conditionality in the more personal and private areas, the patient is given freedom to be himself and to be liked as himself. There is little evaluation of thoughts and behaviors. In deeply personal areas, however, the therapist may be conditional and communicate the idea that the client may act in any way he wishes—*except* that it is important to the therapist that he be more mature or not regress in therapy or accept and like the therapist. In all other areas, however, nonpossessive warmth is communicated. The therapist sees himself as *responsible to* the client.

Example A:

T: By—showing you that or trying to show you that—it isn't lack of things to talk about but it's, uh (pause) as far as I'm concerned your being unable to find something to talk about (pause) is only, uh, a part of your inability to see me as a person—that you want to see—that, uh . . .

C: You think it's wrong for me to see you as a doctor rather than a person?

T: Oh, no, no, I didn't mean that. Uh (pause) no, uh—no, what I meant was—that your inability, the fact there's nothing for you to talk about as far as you can judge. (Coughs) All this means is you don't want to get close to me.

C: No, it doesn't mean that. No, you're mistaken about it.—It only means just what it says. (Curtly)

T: Well, let me ask you, ah—would you object getting close to me? Becoming, ah, friendly with me? Have *me* interested in *you?*

C: Why should I *object* to that?

T: I don't know. Would you?

C: No. (Pause) But, how am *I* supposed to know, uh, what to say or what we should talk about that would accomplish that end?

T: Well, I don't know. Do you have trouble meeting friends, making friends on the, uh, outside?

C: What?

T: Do you have trouble making friends on the outside?

C: Trouble making friends? Is that what you're assuming about me?

T: I'm asking you, do you?

C: (Coughs) No, I don't believe so. (Pause) I have no trouble making friends.

T: Okay. Well, then, I expect you'd know what to say to someone, and how to talk to someone with whom you wanted to make friends, with whom you wanted to become close.

C: Well, of course the obvious thing is that we should—ask each other about—well, probably—*personal* matters.

T: Okay—well, ask me about a personal matter. (Quietly)

C: That and there again I question what good that does—There again, I'm I'm apparently, you, you see me as—well, apparently you must think I'm (pause) somehow unable to see what, what to you m-must be more obvious.

That, that *can* do some kind of good, but that I can't, but I just can't see it. I don't. I don't see how it can be used.

T: Um, hm—Yeah. I know that. That's the kind of *damning* thing about this whole—attempt, as I see it. (Pause) Because I—I just—uh, kinda get that feeling . . .

C: (Inhales and expels breath noisily)

T: For you it's a dead certainty that there's just no *point* in—getting friendly or trying to talk about anything 'cause there's nothing I can do for you. (Warmly)

Example B:

T: One thing that occurs to me is I'm so glad you came. I was afraid you wouldn't come. I had everything prepared, but I was afraid you wouldn't come. (Pause)

C: What—would you have thought of me then? I guess maybe I shouldn't have, but I did anyway (Rapidly)

T: Is that—like saying, "Why or what?" But, partly you feel—maybe you shouldn't have come—or don't *know* if you shouldn't or "not should." There's something about—feeling bad that could make you—not want to come. I don't know if I got that right, but—because if you feel *very* bad then—then, I don't know. Is there anything in that?

C: Well—I've told you before, I mean, you know, two things that, when I feel bad. I mean one that always—I feel that there's a possibility, I suppose, that, you know, that they might put me back in the hospital for getting that bad.

T: Oh, I'd completely forgotten about that, yeah—yet, and that's one thing—But there is *another?*

C: Yeah, I already told you that, too.

T: Oh, yeah, you sure did—I'd forgotten about it—and the other you've already said, too?

C: I'm sure I *did* tell it. (Pause)

T: It doesn't come. All I have when I try to think of it is just the general sense that if you feel—very bad, then it's hard or unpleasant to—but, I don't know—so I may have forgotten something—must have. (Pause)

C: You talk—you always, hear what I'm saying now, are so good at evading me, you always end up making me talk anyway . . .

T: You're right.

C: You always comment on the question or something, and it just doesn't tell me.

T: (Interjecting) Right, I just instinctively came back—to you when I wondered—what I, well like saying, because—that's what I felt like saying. You mean to—you mean to say that a few minutes ago we had decided that *I* would talk . . .

C: Well, you—you mentioned it, but (T: Right.) that's as far as it got.

T: You're right—and I just—was thinking of what you're asking—I'm more interested in you right now than anything else.

STAGE 5

At stage 5, the therapist communicates warmth without restriction. There is a deep respect for the patient's worth as a person and his rights as a free individual. At this level the patient is free to be himself even if this means that he is regressing, being defensive, or even disliking or re-

jecting the therapist himself. At this stage the therapist cares deeply for the patient as a person, but it does not matter to him how the patient chooses to behave. He genuinely cares for and deeply prizes the patient for his human potentials, apart from evaluations of his behavior or his thoughts. He is willing to share equally the patient's joys and aspirations or depressions and failures. The only channeling by the therapist may be the demand that the patient communicate personally relevant material.

Example A:

C: . . . ever recovering to the extent where I could become self-supporting and live alone. I thought that I was doomed to hospitalization for the rest of my life and seeing some of the people over in, in the main building, some of those old people who are, who need a lot of attention and all that sort of thing, is the only picture I could see of my own future. Just one of (T: Mhm.) complete hopelessness, that there was any—

T: (Interrupting) You didn't see any hope at all, did you?

C. Not, not in the least. I thought no one *really* cared and I didn't care myself, and I seriously—uh—thought of suicide; if there'd been any way that I could end it all *completely* and not become just a burden or an extra care, I would have committed suicide, I was that low. I didn't want to live. In fact, I hope that I—I would go to sleep at night and not wake up, because I, I really felt there was nothing to live for (T: Uh, huh. [very softly]) Now I, I truly believe that this drug they are giving me helps me a lot, I think, I think it is one drug that really does me *good.* (T: Uh, hm.)

T: But you say that, that during that time you, you felt as though no one at all cared, as to what (C: That's right.) . . . what happened to you.

C: And, not only that, but I hated *myself* so that I didn't, I, I felt that I didn't *deserve* to have anyone care for me. I hated myself so that I, I, I not only felt that no one did, but I didn't see any reason why they *should.*

T: I guess that makes some sense to me now. I was wondering why it was that you were shutting other people off. You weren't *letting* anyone else care.

C: I didn't think I was *worth* caring for.

T: So you didn't ev—maybe you not only thought you were—hopeless, but you wouldn't allow people . . . (Therapist statement is drowned out by client)

C: (Interrupting and very loud) I closed the door on everyone. Yah, I closed the door on everyone because I thought I just wasn't worth *bothering* with. I didn't think it was worthwhile for *you* to bother with me. "Just let me alone and—and let me rot that's all I'm worth." I mean, that was my thought. And I, I, uh, will frankly admit that when the doctors were making the rounds on the ward, I mean the *routine* rounds, I tried to be where they wouldn't see me. The doctor often goes there on the ward and asks how everyone is and when she'd get about to me, I'd move to a spot that she's already covered . . .

T: You really avoided people.

C: So that, so that she wouldn't, uh, *talk* with me (T: Uh, hm.) and when—the few times that I refused to see you, it was for the same reason. I didn't think I was worth bothering with, so why waste your time—let's just . . .

T: Let me ask you, ask you something about that. Do you think it would have been, uh, better if I had insisted that, uh, uh, you come and talk with me?

C: No I don't believe so, doctor. (They speak simultaneously)

T: I wondered about that; I wasn't sure. (Softly)
C: I don't—I, I, I . . .

Example B:

T: And I can sort of sense—and when you want to, when you feel like it, I'd be glad if you shared some of those . . .
C: *What?* (Abruptly)
T: I said, when you want to, and when you feel like it, I'd be glad if you shared some of those feelings with me . . .
C: (Breaking in and speaking with therapist) Why, why—whoa, whoa, whoa . . .
T: (Continuing) I'd like to just sort of see'm . . .
C: Why, you gettin' rich off this silent character or somep'n or what? (Raucous laugh) Ten, fifteen, twenty dollars an hour? (Loudly) Then he just sits here—an' that's it, huh? Oh, I know. (Mumbling)
T: I'd say that—that's a good point—what'ya mean? (Softly)
C: Oh, I don't know. (Pause)
T: Well, that-uh, makes me say something stupid-uh. (Laughs)—I sometimes get paid fifteen, twenty dollars an hour, but that, I'm not getting paid . . .
C: (Interjecting loudly, overtalking therapist) Why, the state's paying ya' that now, ain't they?
T: Not for you, no. I thought you might think that.
C: Who is, then? (Insistently)
T: No, I get a salary from the University for doing research. (Calmly)
C: Oh—*research!* (Incredulously)
T: Mhm. (Pause)
C: I think that's just a—roundabout way to put it—th-that's what, that's what I think.
T: Well, let's put it this way; I get it, but—I get exactly the same salary whether—I see you or not. (Gently)
C: Oh, there, there probably is a—there probably is a—that type doctors there, but-uh, but I wouldn't call it *research!* (Scornfully) I, I, I, I, I, I, I, I don't know, I don't know. I don' care—I don'—I . . . (Ending in angry confusion)
T: (Speaking with conviction) Well, I'd like you to know—that, that's not *research."*

A Tentative Scale for the Measurement of Therapist Genuineness or Self-Congruence

GENERAL DEFINITION

Perhaps the most difficult scale to develop has been that of therapist *genuineness.* However, though there are notable points of inconsistency in the research evidence, there is also here an extensive body of literature supporting the efficacy of this construct in counseling and therapeutic processes.

This scale is an attempt to define five degrees of therapist genuineness, beginning at a very low level where the therapist presents a facade or defends and denies feelings; and continuing to a high level of self-con-

gruence where the therapist is freely and deeply himself. A high level of self-congruence does not mean that the therapist must overtly express his feelings but only that he does not deny them. Thus, the therapist may be actively reflecting, interpreting, analyzing, or in other ways functioning as a therapist; but this functioning must be self-congruent, so that he is being himself in the moment rather than presenting a professional facade. Thus the therapist's response must be sincere rather than phony; it must express his real feelings or being rather than defensiveness.

"Being himself" simply means that at the moment the therapist is really whatever his response denotes. It does not mean that the therapist must disclose his total self, but only that whatever he does show is a real aspect of himself, not a response growing out of defensiveness or a merely "professional" response that has been learned and repeated.

STAGE 1

The therapist is clearly defensive in the interaction, and there is explicit evidence of a very considerable discrepancy between what he says and what he experiences. There may be striking contradictions in the therapist's statements, the content of his verbalization may contradict the voice qualities or nonverbal cues (i.e., the upset therapist stating in a strained voice that he is "not bothered at all" by the patient's anger).

Example:

C: He seemed pleased that I was going *back*. And when I got to the bus station, when he took me *by* the bus station in C—— he had the bus driver arrange it there where I had lost my ticket, and they fixed me up a ticket all the way to M——, *all the way through*, with the excuse that I had lost my ticket. So that's how I got back home from C——. I was kind of lucky.

T: Yeah, that is, that's quite a story. (Long pause)

C: Can I ask you a question? (Pause)

T: Yeah. I guess so.

C: Do you think I'm crazy?

T: Oh no—not in the sense that *some* of the patients you see out on the ward, perhaps.

C: I don't mean *mentally*, not—where I don't know anything, but I mean, am I out of my head? Do I do things that are foolish for people to do?

T: Well, I'd say you do things that you might say are—foolish, in a *sense*. You do things that aren't . . . (Pause)

C: (Filling in for therapist) *Normal.*

T: Yeah, well, they aren't usual by any means, of course.

STAGE 2

The therapist responds appropriately but in a professional rather than a personal manner, giving the impression that his responses are said because they sound good from a distance but do not express what he really feels or means. There is a somewhat contrived or rehearsed quality or air of professionalism present.

Example:

T: Does it seem like it will be a long time to you?

C: Yeah, it does to me, yes, because I've been through some *rough* times, but I try to forget it sometimes. Somehow I get the idea I'll be just like this the rest of my life.

T: It seems that way now. Like it's going to go on and on . . .

C: Yeah.

T: . . . and like you'll never be relieved.

C: Well, I—I—well, you go ahead and analyze it now.

T: No, go ahead.

C: Well, last week, I—went home and I only had two pills, these pills I get every afternoon about 4:00. So Monday I came back and I just felt worse, *lousy*, again. It seems like, if I were to hit you in the arm it would hurt you more now than it would tomorrow, wouldn't it?

T: Mhm.

C: Well, that's the way my system is. If somebody hit me now it wouldn't bother me now.

T: But tomorrow.

C: But the next day it would bother me. Do you see what that is? That's the same way I am. If I was to go out and play ball now, I'd be stiffer than—all get-out. Not by tonight, but by tomorrow.

T: Tomorrow.

C: And that's the way my system runs as far as my nerves are concerned. I go through a strain or stress and I don't show it until the next day.

T: You say you went home this weekend?

C: I went home last weekend, just over Sunday. I left home at 8:00—from about 9:30 till 8:00 in the evening.

T: And then you felt badly when you came back?

C: Well, I had a few cigars. I guess I smoked too much. That's the only time I'll smoke anything is when I go home.

T: You felt all tired?

C: I felt pretty bad Monday—but that's the way I am, though. See, actually, taking them two pills didn't affect me that day, but it affected me again the next day.

T: Uhuh. Are these pills that the doctor gave you to take on the way home?

C: No. Well, the nurses give me my medications now.

T: The nurses give them?

C: But they wouldn't give me any to take home, I mean.

T: They gave them to you before you left?

C: Two before I left and one when I got back here. I missed two pills that day and that made me more, made me feel *worse*, actually.

T: You missed them. Was it the—you're saying it's the *missing* of the pills when you didn't have any?

C: Yes, the missing of the pills didn't bother me too much Sunday, but *Monday* they did.

STAGE 3.

The therapist is implicitly either defensive or professional, although there is no explicit evidence. (Two patients are present in the sample given.)

Example:

T: Is this a common concern to everyone in here?
1: I believe so, doctor, the—you come in and you expect help right away. Now, take for example my case. I've been here three weeks and I've yet to talk to a doctor. They make their morning rounds; all the ladies are in the room, and they stop and ask, "How are you?" and everything. And I asked the doctor, I told him I only had a leave of absence from work, would I be able to see him. He said according to my tests I need my work—my personal attention. So I'm leaving Saturday. I was a volunteer patient and I asked. So I'm peing discharged Saturday. But—uh—the ones that helped me, it's like this lady here—and a few of us would have our own small group therapy and talk out our problems.
T: Mhm, mhm— . . .
C1: And I think I'm happier now than I've ever been in my life.
T: (To second patient) Do you feel the same way about—this situation?
C2: Well, I only—need help with the business of checking my medicine.
T: When, then?
C2: About a couple of months.
T: A couple of months. I see.

STAGE 4.

There is neither implicit nor explicit evidence of defensiveness or the presence of a facade. The therapist shows no self-incongruence.

Example:

C: What I have always wanted since we have been married, more than anything else, was to be able—for us to move somewhere away from our town where everybody knows me.
T: Mhm . . .
C: All of us to move together, my husband, my two children and myself. Maybe go to L ——, or not L ——, but F ——. He has a cousin up there. I went with his cousin twice before I went with him; they picked us up one day while we were going to school. And, too, he could get him a butcher's job up there like he has now, not work *half* as hard and make *twice* as much money! I could be a *hundred* percent happier, and we could still have somebody that we knew, that we could be around, that we could visit and play cards with, to go places with, to talk to . . .
T: Mhm . . .
C: . . . and then, if we had to, we could come back to A —— and visit Dad and his dad, and if anybody got sick we could always come back home.
T: Well, I really think that's a very good idea!
C: But *he won't go!* I've tried and tried and tried to talk him into leaving and he will *not go.*
T: Do you think he's sort of tied down to his family, or is he a pretty dependent sort of person, do you think?
C: Well, yes, he is. But by dependent do you mean—on his own?
T: Does he *not like* to be on his own; does he like to have someone to look out for him?
C: No, no—he likes to be completely "let —— do it," that's my husband's

name. He wants to do it *himself*, but when anything doesn't work out he goes straight back to daddy!

T: Well, that's what I was sort of thinking. Does he need, well, somebody you know you can *turn to* . . .

C: Uh, yes.

T: . . . when things go wrong, sort of *lean* on? He's pretty—dependent on his father then. But, as you say, you wouldn't be so far away.

STAGE 5.

The therapist is freely and deeply himself in the relationship. He is open to experiences and feelings of all types—both pleasant and hurtful—without traces of defensiveness or retreat into professionalism. Although there may be contradictory feelings, these are accepted or recognized. The therapist is clearly being himself in all of his responses, whether they are personally meaningful or trite. At stage 5 the therapist need not express personal feelings, but whether he is giving advice, reflecting, interpreting, or sharing experiences, it is clear that he is being very much himself, so that his verbalizations match his inner experiences.

Example:

C: I guess you realize that, too, don't you? Or do you? (Laughs)

T: Do I realize that? You *bet* I do! Sure, yeah—I always wanted somebody to take *care of me*, you know, but I also wanted them to let me do what I wanted to do! Well, if you have somebody taking care of you, then you've got to do what *they* want you to do.

C: That's right. (Pause)

T: So, I never could kind of get it so that I'd have both, you know, *both* things at once: either I'm doing what *I* want to do and taking care of myself or, you know, I used to have somebody taking care of me and then I'd do what *they* wanted to do. And I'd think, "Aw, hell!" It just—never works out, you know.

C: Always somebody there, isn't there? (Laughs)

T: Yeah, just somebody goofing up the works all the time. (Pause) Yeah, if you're dependent on somebody else, you're under their control, sort of.

C: To a certain extent . . .

T: Yeah, that's what I was going to say—yeah, you're right. (Pause) So, you just sit around the ward and you read a little bit, and then you go out and play horseshoes and—boy, that sounds like a *drag!*

TOWARD MEASUREMENT OF THE CENTRAL THERAPEUTIC INGREDIENTS AS PERCEIVED BY THE CLIENT OR PATIENT

Another approach to measuring the central therapeutic ingredients involves a questionnaire to determine levels of offered therapeutic conditions. The use of a questionnaire to measure the patient's perception of psychological conditions offered by his therapist was first tried in outcome

research by Barrett-Lennard (1962). The available evidence suggests that measuring the level of therapeutic conditions with questionnaires filled out by clients is a significantly less valid procedure than the rating of objective tape recordings (Truax, 1966a). Moreover, as the evidence to be reviewed in the next chapter indicates, the questionnaire approach seems of little value in assessing empathy, warmth, and genuineness with severely disturbed or psychotic individuals. However, since it is extremely economical and has proved valuable with juvenile delinquents, outpatient neurotics, and a wide variety of vocational rehabilitation clients, the relationship questionnaire is being reproduced here for the reader's use. It should also provide a further definition of the central concepts of empathy, warmth, and genuineness. (The relationship questionnaire, as well as the preceding scales for accurate empathy, nonpossessive warmth, and genuineness or self-congruence, may be used and reproduced by the reader without permission.)

The measures of therapeutic conditions derived from the relationship questionnaire correlate between .53 and .56 with the ratings made from objective tape recordings on less disturbed clients, such as juvenile delinquents. However, there is virtually no correlation when the relationship questionnaire is used with hospitalized mental patients (correlations of .10 to .20). In general, the available data suggest that the severely disturbed patient is unable to report or perceive adequately the level of therapeutic conditions offered by his therapist. Where reported measurements have been made with psychotic patients, a given patient would describe his therapist as a "saint" on one day and a "devil" on another; so that measurements of conditions perceived by severely disturbed patients appeared almost totally unreliable.

On the scale, the scoring for accurate empathy, nonpossessive warmth, genuineness, and overall therapeutic conditions is indicated to the right of the items.

Additionally, subscale scoring keys have also been developed for measuring the intensity and intimacy of the therapeutic contact and the concreteness or specificity of the therapist's responses. These two latter characteristics of the counselor or therapist are not considered to be central to therapeutic outcome. However, evidence presented in later chapters does indicate significant relationships between both of them and patient outcome.

Relationship Questionnaire (and Scoring Key)[1]

People feel differently about some people than they do about others. There are a number of statements below that describe a variety of ways that one person may feel about another person, or ways that one person may act toward another person. Consider each statement carefully and decide whether it is true or false when applied to your present relationship with your instructor. If the statement seems to be mostly true, then mark it true; if it is mostly not true, then mark it false.

	Accurate Empathy	*Nonpossessive Warmth*	*Genuineness*	*Overall Therapeutic Relationship*	*Intensity and Intimacy of Interpersonal Contact*	*Concreteness*
1. He seems to hold things back, rather than tell me what he really thinks.			F	F	F	F
2. He understands my words but does not know I *feel*.	F			F		F
3. He understands me.	T			T		
4. He understands exactly how I see things.	T			T	T	T
5. He is often disappointed in me.		F	T	F		
6. He seems to like me no matter what I say to him.		T	T	T	T	
7. He is impatient with me.		F	T	F		
8. He may understand me but he does not know how I feel.	F			F		F
9. Sometimes he seems interested in me while other times he doesn't seem to care about me.		F		F	F	
10. He often misunderstands what I am trying to say.	F			F		F
11. He almost always seems very concerned about me.		T		T	T	
12. Sometimes I feel that what he says to me is very different from the way he really feels.			F	F		
13. He is a person you can really trust.		T	T	T		
14. Sometimes he will argue with me just to prove he is right.	F	F	F	F		
15. Sometimes he seems to be uncomfortable with me, but we go on and pay no attention to it.		F	F	F		F
16. Some things I say seem to upset him.		F	T	F		
17. He can read me like a book.	T			T		T
18. He usually is not very interested in what I have to say.		F		F	F	
19. He feels indifferent about me.		F		F	F	
20. He acts too professional.			F	F	F	
21. I am just another student to him.			F	F	F	
22. I feel that I can trust him to be honest with me.		T	T	T		T
23. He ignores some of my feelings.	F	F		F	F	F
24. He likes to see me.		T		T		
25. He knows more about me than I do about myself.	T			T		T

1. Scale developed by Charles B. Truax during 1963. It is an attempt to translate the previous scales used for ratings objective tape recordings into a questionnaire form that can be answered by the client. In this respect it follows closely the thinking and earlier work of Barrett-Lennard in his development of the relationship inventory.

Relationship Questionnaire (and Scoring Key) (Cont.)

	Accurate Empathy	Nonpossessive Warmth	Genuineness	Overall Therapeutic Relationship	Intensity and Intimacy of Interpersonal Contact	Concreteness
26. Sometimes he is so much "with me," in my feelings, that I am not at all distracted by his presence.	T	T	T	T	T	T
27. I can usually count on him to tell me what he really thinks or feels.			T	T		T
28. He appreciates me.		T		T	T	
29. He sure makes me think hard about myself.				T		T
30. I feel that he is being genuine with me.			T	T		
31. Even when I cannot say quite what I mean, he knows how I feel.	T			T	T	
32. He usually helps me to know how I am feeling by putting my feelings into words for me.	T			T	T	T
33. He seems like a very cold person.		F	F	F	F	
34. He must understand me, but I often think he is wrong.	F			F		F
35. I feel that he really thinks I am worthwhile.		T		T	T	
36. Even if I were to criticize him, he would still like me.		T	T	T	T	
37. He likes me better when I agree with him.		F	T	F		
38. He seems to follow almost every feeling I have while I am with him.	T			T	T	T
39. He usually uses just the right words when he tries to understand how I am feeling.	T			T		T
40. If it were not for him I would probably never be forced to think about some of the things that trouble me.				T		T
41. He pretends that he likes me more than he really does.			F	F		
42. He really listens to everything I say.		T		T	T	
43. Sometimes he seems to be putting up a professional front.			F	F	F	
44. Sometimes he is so much "with me" that with only the slightest hint he is able to accurately sense some of my deepest feelings.	T	T		T	T	T
45. I feel safer with him than I do with almost any other person.		T	T	T		
46. His voice usually sounds very serious.				T	T	
47. I often cannot understand what he is trying to tell me.	F			F		F
48. Sometimes he sort of "pulls back" and examines me.			F	F	F	
49. I am afraid of him.		F		F		
50. He seems to pressure me to talk about things that are important to me.				T		T
51. Whatever he says usually fits right in with what I am feeling.	T			T	T	T
52. He sometimes seems more interested in what he hismself says than in what I say.	F	F	T	F	F	F

Relationship Questionnaire (and Scoring Key) (Cont.)

	Accurate Empathy	*Nonpossessive Warmth*	*Genuineness*	*Overall Therapeutic Relationship*	*Intensity and Intimacy of Interpersonal Contact*	*Concreteness*
53. He tells me things that he does not mean.			F	F		
54. He often does not seem to be genuinely himself.			F	F		
55. He is a very sincere person.			T	T		
56. With him I feel more free to really be myself than with almost anyone else I know.		T		T		
57. He sometimes pretends to understand me, when he really does not.	F		F	F		F
58. He usually knows exactly what I mean, sometimes even before I finish saying it.	T			T	T	T
59. He accepts me the way I am even though he wants me to be better.		T	T	T		T
60. Whether I am talking about "good" or "bad" feelings seems to make no real difference in the way he feels toward me.		T		T		
61. In many of our talks I feel that he pushes me to talk about things that are upsetting.				T		T
62. He often leads me into talking about some of my deepest feelings.	T			T	T	T
63. He usually makes me work hard at knowing myself.				T	T	T
64. Sometimes I feel like going to sleep while I am talking with him.				F	F	
65. He is curious about what makes me act like I do, but he is not really interested in me.		F		F	F	
66. He sometimes completely understands me so that he knows what I am feeling even when I am hiding my feelings.	T			T	T	
67. I sometimes feel safe enough with him to really say how I feel.		T	T	T		
68. I feel I can trust him more than anyone else I know.		T	T	T		
69. Whatever I talk about is okay with him.		T		T		
70. He helps me know myself better by sometimes pointing to feelings within me that I had been unaware of	T			T	T	T
71. He seems like a real person, instead of just a teacher.			T	T		
72. I can learn a lot about myself from talking with him.	T			T		T
73. In spite of all he knows about me, he seems to trust my feelings about what is right and wrong for me.		T		T	T	
74. Sometimes he is upset when I see him but he tries to hide it.			F	F		
75. He would never knowingly hurt me.		T		T		
76. He is a phony.			F	F		
77. He is the kind of person who might lie to me if he thought it would help me.		F	F	F		

Relationship Questionnaire (and Scoring Key) (Cont.)

	Accurate Empathy	*Nonpossessive Warmth*	*Genuineness*	*Overall Therapeutic Relationship*	*Intensity and Intimacy of Interpersonal Contact*	*Concreteness*
78. When he sees me he seems to be "just doing a job."	F	F	F	F	F	
79. In spite of the bad things that he knows about me, he seems to still like me.		T	T			
80. I sometimes get the feeling that for him the most important thing is that I should really like him.		F		F	F	F
81. There is something about the way he reacts to what I tell him that makes me uncertain whether he can keep my confidences to himself.			F	F		
82. He gives me so much advice I sometimes think he's trying to live my life for me.		F		F		
83. He never knows when to stop talking about something which is not very meaningful to me.	F	F		F	F	
84. He sometimes cuts me off abruptly just when I am leading up to something very important to me.	F	F		F	F	
85. He frequently acts so restless that I get the feeling he can hardly wait for the day to end.		F		F	F	
86. There are lots of things I could tell him, but I am not sure how he would react to them, so I keep them to myself.	F	F		F		
87. He constantly reminds me that we are friends though I have a feeling that he drags this into the conversation.	F	F		F		
88. He sometimes tries to make a joke out of something I feel really upset about.	F	F				F
89. He is sometimes so rude I only accept it because he is supposed to be helping me.		F		F	F	
90. Sometimes he seems to be playing "cat and mouse" with me.		F	F	F	F	
91. He often points out what a lot of help he is giving me even though it doesn't feel like it to me.	F	F		F	F	
92. It is hard to feel comfortable with him because he sometimes seems to be trying out some new theory on me.		F	F	F		
93. He's got a job to do and does it. That's the only reason he doesn't tell me off.		F	F	F		
94. If I had a chance to study under a different instructor, I would.	F			F		F
95. He is always relaxed, I don't think anything could get him excited.			F	F	F	
96. I don't think he has ever smiled.		F			F	
97. He is always the same.		F		T		
98. I would like to be like him.		T		T		
99. He makes me feel like a guinea pig or some kind of animal.			F	F		
100. He uses the same words over and over again, till I'm bored.	F			F		

Relationship Questionnaire (and Scoring Key) (Cont.)

	Accurate Empathy	Nonpossessive Warmth	Genuineness	Overall Therapeutic Relationship	Intensity and Intimacy of Interpersonal Contact	Concreteness
101. Usually I can lie to him and he never knows the difference.	F			F		
102. He may like me, but he doesn't like the things I talk about.		F		F		
103. I don't think he really cares if I live or die.		F	F	F	F	
104. He doesn't like me as a person, but continues to see me as a student anyway.		F	F		F	
105. I think he is dumb.	F			F		
106. He never says anything that makes him sound like a real person.			F	F	F	F
107. He is all right, but I really don't trust him.			F	F		
108. If I make mistakes or miss a class, he really gives me trouble about it.		F		F		
109. He lets me talk about anything.		T		T		
110. He probably laughs about the things that I have said to him.	F		F	F		
111. I don't think he knows what is the matter with me.	F			F		F
112. He sometimes looks as worried as I feel.			T	T		
113. He is really a cold fish.		F	F	F	F	
114. There are times when I don't have to speak, he knows how I feel.	T			T		
115. If I am happy or if I am sad, it makes no difference, he is always the same.		T		T		
116. He really wants to understand me, I can tell by the way he acts.				T	T	
117. He knows what it feels like to be ill.	T			T		
118. He must think he is God, the way he talks about things.		F	F	F		
119. He really wants to understand me, I can tell by the way he asks questions.				T	T	
120. He must think that he is God, the way he treats me.		F		F		
121. He rarely makes me talk about anything that would be uncomfortable				F		F
122. He interrupts me whenever I am talking about something that really means a lot to me.	F			F		
123. When I'm talking about things that mean a great deal to me, he acts like they don't mean a thing.		F		F		
124. I can tell by his expressions sometimes that he says things that he does not mean			F	F		
125. He really wants me to act a certain way, and says so.						
127. There are a lot of things that I would like to talk about, but he won't let me.		F		F		
127. He really likes me and shows it.		T	T	T	T	
128. I think he could like someone, but I don't think he could love anybody.		F		F		

Relationship Questionnaire (and Scoring Key) (Cont.)

	Accurate Empathy	Nonpossessive Warmth	Genuineness	Overall Therapeutic Relationship	Intensity and Intimacy of Interpersonal Contact	Concreteness
129. There are times when he is silent for long periods, and then says things that don't have much to do with what we have been talking about.	F	F		F	F	F
130. When he is wrong he doesn't try to hide it.			T	T		
131. He acts like he knows it all.		F		F		
132. If he had his way, he wouldn't walk across the street to see me.		F	F	F		
133. Often he makes me feel stupid the way he uses strange or big words.	F		F	F		
134. He must think life is easy the way he talks about my problems.	F					
135. You can never tell how he feels about things.			F	F		F
136. He treats me like a person.		T		T	T	
137. He seems to be bored by a good deal of what I talk about.		F			F	
138. He will talk to me, but otherwise he seems pretty far away from me.	F	F		F	F	F
139. Even though he pays attention to me, he seems to be just another person to talk with, an outsider.	F	F		F	F	F
140. His concern about me is very obvious.			T	T	T	
141. I get the feeling that he is all wrapped up in what I tell him about myself.				T	T	

Relationship Questionnaire (and Scoring Key) (Cont.)